

Implementation of Court Teams for Infants and Toddlers in Arizona:  
The Stakeholder Perspective from Foster Parents and Attorneys

by

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A Thesis Presented in Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

Approved April 2011 by the  
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ARIZONA STATE UNIVERSITY

May 2011

## ABSTRACT

Research suggests that there are benefits of early intervention and in focusing on mental health for infants and toddlers who have been maltreated. Court Teams for Infants and Toddlers is a model program designed to improve developmental outcomes using a systemic change approach. Multi-system collaboration between the courts, child welfare, health professionals, child advocates, and community partners are promoted to increase awareness and improve outcomes for infants and toddlers who have been removed from their parents. The Court Teams model in Arizona is known as Best for Babies. This study looks at implementation efforts of Best for Babies in two counties, Yavapai and Pima, and the unique perspectives of foster parents and attorneys representing the infants and toddlers while in the foster care system. It is important for purposes of effective program implementation to understand whether the Best for Babies program has impacted how these stakeholders address the unique needs of infants and toddlers. Findings reveal that most foster parents in this study were not familiar with the Best for Babies program; however, many of the comments shared are aligned with the values of the program. For example, all participants commented that collaboration among various stakeholders is necessary. Areas of opportunity were also illustrated in the findings regarding Best for Babies program implementation. For instance, the study found that even those foster parents familiar with the program could not attribute an impact on their care of infants and toddlers specifically to Best for Babies.

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## **Chapter 1**

### **Introduction**

There is a need within child welfare systems to improve developmental outcomes for infants and toddlers who have been abused and neglected. There are multiple factors influencing infant and toddler development including brain development, how child maltreatment affects that development, and whether programs exist to help mitigate developmental issues specific to infants and toddlers in out of home care. The purpose of this thesis is to examine the implementation of a model program from the perspective of foster parents and attorneys. This chapter introduces the problem that led to the development of the program and establishes the need for such a program nationally and in Arizona.

### **Early Brain Development**

Early relationships and emotional attachments correlate to how a young child's brain develops. In fact, by age three, a baby's brain is 85% of its adult size and the brain is already building pathways that will regulate a child's behaviors even into adulthood (Hudson et al., 2008). Due to recent developments in neuroscience there is a compelling body of literature that recognizes infant mental health and the process of brain development as a critical developmental issue. Infant mental health has been defined as, "developing capacities to experience, regulate, and express emotions; to form close interpersonal relationships; to explore the environment; and to learn in the first three years" (Zeanah, Zeanah, & Gleason, 2008, p. 302). Osofsky (1987) and Shonkoff and Phillips (2000) characterize the growth at this stage as follows, "more rapid and complex developmental changes occur during infancy than at any other point in the human lifespan" (as cited in Wulczyn, Hislop, & Harden, 2002, p. 457).

There are multiple factors that affect early childhood development, some that are biological and some that result from the external environment. Infant mental health is not viewed only within the scope of normal developmental stages, but also under the fractured lens of child abuse and neglect.

### **The Impact of Child Maltreatment**

Zeanah (2008) has suggested that disruptions during the normal developmental period can have negative, long-lasting effects on the developmental health of infants. In fact, the research demonstrates that early exposure to trauma, violence or other serious difficulties leads to an increased likelihood that ongoing physical, emotional, and or cognitive delays could result in negative life-long effects. Zeanah (2008) contends that delays could manifest in forms such as the unusual demonstrations of emotion, hyper-motor activity, inconsistent sleep or feeding patterns, and delays in speech or motor skills.

According to Van Horn (2011) trauma does place a child's development at risk because of the particular stage of development experienced by the central nervous system. An infant or toddler's life experiences are critical at this stage because the brain is forming the framework that determines future reactions to stress and the ability to process traumatic events. Research suggests that infants are the most vulnerable to the effects of maltreatment, and yet Lieberman and Van Horn (2009) found a lack of urgency by clinical professionals, as well as policy initiatives that focus on developmental health issues as they relate to trauma in infancy. The article identifies a faulty belief held by both mental health professionals and the general public that young children, especially infants do not experience trauma. Scientific research disputes the assumption that infants do not experience trauma and in fact, point out the negative biologic, emotional, social, and cognitive developmental effects stemming from traumatic events.

## **The Scope of Maltreatment in Early Childhood**

The youngest children are the most vulnerable to maltreatment and have the highest rates of maltreatment. There are many reasons attributed to this assertion including the inability of an infant or toddler to meet their own physical needs. The very youngest children rely on safe and responsible adults to provide protection, food, shelter and clothing. One-third of all FFY 2009 victims coming to the attention of child welfare agencies were younger than 4 years. Children younger than 1 year had the highest rate of victimization at 20.6 per 1,000 children in the population of the same age. Victims with the single-year age of 1, 2, or 3 years old had a victimization rates of 11.9, 11.3, and 10.6 victims per 1,000 children of those respective ages in the population (U.S. Department of Health and Human Services, 2010).

This age group also suffers the highest fatality rates of all age groups of abused and neglected children. Four-fifths (80.8%) of all child fatalities were younger than 4 years old. Examining this percentage by single-year-age revealed that 46.2% of child fatalities were younger than one year, 17.8% were one year old, 10.3% were two years old, and 6.5% were three years old (U.S. Department of Health and Human Services, 2010).

According to the United States Department of Health and Human Services (2004), infants and toddlers are 32% more likely to be placed in foster care than children ages 4 to 11 (as cited in Hudson et al., 2008). Data from Arizona mirrors national foster care trends, especially regarding infants and toddlers entering foster care. Arizona data reports 10,514 children in out-of-home care as of September 30, 2010. In Arizona the 1-5 year old age range accounted for 35.6 % of total children coming into care between April 1, 2010 and September 30, 2010 (Department of Economic Security Semi-Annual Report, 2010). Those children below the age of 1 year represent an additional 7% of children coming into care during that reporting period. The 0-6



age demographic falls just short of half the number of children coming into out of home care (Department of Economic Security Semi-Annual Report, 2010).

### **Programmatic Response at National Level**

Court Teams for Maltreated Infants and Toddlers is a program that aims to address the critical developmental needs of infants and toddlers who enter out of home care due to child abuse and neglect. It is a systems change initiative developed by the non-profit, national policy organization *ZERO TO THREE*. The Court Teams program is based on an earlier model created by Judge Cindy Lederman and psychologist Dr. Joy Osofsky in the Miami-Dade Juvenile Court (*ZERO TO THREE*, 2010). Efforts began in April 2005 to establish a network of support led by judges, child development specialists, and key child welfare professionals by which to specifically address the needs of abused and neglected infants and toddlers. The process of bringing collaboration between judicial, child development, child welfare, and community partners is considered vital to improving the safety, permanency, and well-being of infants and toddlers within the child welfare system.

### **Programmatic Response in Arizona**

Court Teams for Infants and Toddlers, known as Best for Babies in Arizona, is laying the groundwork to address that need specific to infants and toddlers. The program has spread throughout Arizona and is currently operating in 12 of 15 Arizona counties. The Arizona Best for Babies Process Evaluation Report (2010) lists the several programmatic aspects by which the needs of infants and toddlers in foster care are addressed. There are some general areas of focus by Best for Babies, including the efforts to increase knowledge in the community about the unique needs of infants and toddlers. Also, Arizona Best for Babies established a checklist tool by which professionals can identify what services, assessments and referrals are necessary for a

specific child. The third focus area is to increase trainings addressing the unique needs of infants and toddlers in each county for judges, attorneys, CASAs, CPS, early intervention, and other service providers (Ruffner, 2010). The final identified area of importance for Best for Babies is to raise awareness about the importance of attachment relationships for a child in out of home care (Best for Babies Process Evaluation Report, 2010).

The next chapter presents literature to magnify the importance of focusing on infant and toddler development within the context of child maltreatment. In addition, the framework discussed in the next chapter can better equip counties in Arizona to assess the benefit to implementing the Best for Babies approach.

## **Chapter 2**

### **Literature Review**

The dearth of literature exploring the benefits and limitations of Court Teams for Infants and Toddlers is primarily due to its relative developmental infancy. This literature review is organized into four sections. The opening literature provides context by defining the nature of the problem encountered by infants and toddlers in the foster care system. In addition, an examination of the role played by attachment and related theories specific to infants and toddlers in the foster care system and whether disruption of this process has notable implications for child development is addressed. The literature will illustrate how child abuse and neglect and placement in foster care may alter the developmental life-course of infants and toddlers.

The second section illustrates the journey experienced by a child moving through the foster care system. This requires an examination of some key laws and policy initiatives that have created timelines for how children and families navigate the legal process within the existing child welfare system. The program should not be considered outside of the relevant policy context. This section includes viewpoints from the child welfare system, as well as outlines the importance of collaboration between community stakeholders and social supports in

further providing critical care to infants and toddlers. This portion of the literature also reviews the eight core components specific to Court Teams for Maltreated Infants and Toddlers program implementation.

The third and final section provides a critical examination of the evaluation and research emanating from the Court Teams for Maltreated Infants and Toddlers model. The strengths and limitations of the model are highlighted in this section. This section strives for a balanced perspective of collected information, including questioning the perceived benefits of the program, as well as recognizing the ensuing consequences related to the program as a result of practice implementation. These various elements from the review of the literature will conclude with questions and concerns raised regarding best practices of implementation.

### **Nature of the Problem**

It is important to identify how child maltreatment physically effects a young child's cognitive, emotional, and physical development. DeBellis et al., (1999) used brain imaging data to reveal that children who were maltreated during infancy and early childhood had noticeable differences in overall brain size; the same study found that the duration of maltreatment was associated with greater differences in brain structure (as cited in Wiggins, Fenichel, & Mann, 2007). With regard to cognitive and behavioral development, Klee, Kronstadt, and Zlotnick (1997) assessed development using the Bayley Scales of Infant Development in 125 children less than four years of age who were referred to a special foster care program. Klee and her colleagues found that half of the children tested below normal limits on cognitive and psychomotor development, and two-thirds of the children scored below the normal range on ratings of behavior regulation (as cited in Malik, Lederman, Crowson, & Osofsky, 2002). In a recent study also focusing on dependent children under the age of four, Reams (1999)

documented that over half of the 144 children studied were referred for developmental or mental health services (as cited in Malik, Lederman, Crowson, & Osofsky, 2002). According to Stahmer et al. (2005), “research shows that children who are abused or neglected are at an elevated risk of experiencing delays; 42% of them are developmentally delayed, many of them so delayed that pediatricians consider them developmentally impaired” (as cited in Hudson et al., 2008, p. 50).

### **Attachment and Recognized Impacts**

The purpose of discussing the multiple empirical realities reflected in the data may in and of itself be sufficient to convince many that recognizing the effects of maltreatment on infant mental health has gone unnoticed as a critical need within child welfare practice. The data reflect not only the importance of healthy infant development, but conversely underscore the disproportionate number of children under the age of six involved in the child welfare system. Given the importance of understanding risk and protective factors pertaining to infants and young children, it is paramount to explore what the literature says about existing safeguards that may help reinforce healthy development for those children while in the foster care system.

According to Zeanah et al. (2008), “Neuroscientific advances have begun to address how experiences affect brain development (and vice versa), increasing interest in the kinds of experiences that lead to adaptive and maladaptive outcomes” (p. 302). Several articles discuss the idea that infant mental health is relationship based and rooted in the ability of the child and caregiver to adapt to their unique life patterns. Lieberman and Van Horn (2009) discuss that a child’s developmental capacities influence their trauma responses. The authors go on to state, “the expression of traumatic stress in infants, toddlers, and preschoolers is shaped by the rapid pace of development in the first 5 years of life, including the acquisition and consolidation of

patterns of attachment, affect regulation, discrete emotions, independent locomotion, and language” (Lieberman & Van Horn, 2009, p. 709).

Zeanah et al. (2008) strongly assert that the most critical interpersonal context for the developing infant is the small number of care giving relationships encountered by the child. “The attachment relationship is a biologically based process that motivates the young child to seek comfort, support, nurturance, and protection in times of distress from discriminated attachment figures-providing the basis for psychological security as well as physical safety” (Zeanah et al., 2008, p. 304). The article from Stevenson-Hinde (2007) identifies the most frequently utilized theory of attachment dating back to psychiatrist John Bowlby (1958), who asserts that intimate relationships originate through biological evolution. In other words, the basic response of bonding and attachment is a self-contained response system that interacts with other basic human responses such as hunger, anger, or sleep. The response mechanism is activated because a particular need exists. A child has an attachment to an identified caregiver and as long as that caregiver is in close proximity, the child feels free to explore their environment. However, if that identified caregiver moves out of proximity, the child’s attachment response kicks in and the exploration gives way to fear and anxiety. “Such interplay between separate motivational systems provides a way of thinking regarding the need to establish security before moving on to exploration, whether it is exploration of toys by a toddler, or of thoughts and feelings in a therapeutic setting,” (as cited in the Best for Babies Evaluation Report, 2010, p. 12). Zeanah et al. (2008) frames the set of caregiver expectations formed by the infant in terms of ‘working models.’ In other words, “what it is like to be in an intimate relationship with another person. These models are relationship specific, so that the infant’s experiences with each caregiver determine the nature of the expectations that the infant develops

for his or her relationship with each caregiver” (Zeanah et al., 2008, p. 304, 305). The author asserts that an infant is able to form caregiver attachments based upon a significant number of interactions. An infant begins to develop a preferred hierarchy of caregivers based upon their immediate need whether it is comfort, nurturance, protection, or some other response (Zeanah et al., 2008). Now consider children who are removed from their homes due to physical abuse, neglect, or inadequate supervision and whether or not they may find relief in the protection provided by foster families. There is an assumption that a child would gladly leave their abusive home. However, research states that as a result of the separation a child may simultaneously begin to experience grief over the loss of their caregivers (Goldsmith, Oppenheim, & Wanlass, 2004). The removal and subsequent placement in out of home care constitutes trauma in the life of a young child.

Lieberman & Van Horn (2009), point out that,

“early trauma involves a shattering of the young child’s “protective shield” represented by the parent’s care and nurturance. The young child’s developmentally appropriate expectation that the parent will be available as an effective protector is violated by the experience of trauma, with possible long-term ramifications for the capacity to place trust in intimate relationships. Fraiberg observed that preverbal infants use fighting, freezing, and avoidance to defend against the overwhelming emotions elicited by perceived danger” (p. 709).

This information supports the assertion that young children, even infants, experience trauma. Although the Lieberman and Van Horn article (2009) is exploring assessment and intervention needs related to infant and early childhood trauma, the information also appropriately characterizes the importance of attachment and behavior in healthy child development.

The issues around healthy development, trauma, attachment, and involvement in child welfare systems provide the contextual framework in beginning to look at the need for systemic change around the issue of infant mental health. Given the effects that trauma can have on infant development, it is necessary to attempt to mitigate those impacts through earlier interventions by those systems put in place to address issues of child abuse and neglect.

### **Child Maltreatment Laws and Policy**

Federal legislation has laid a foundation by which each state is responsible for protecting the safety, permanency, and well-being of children. Federal guidelines have identified a standard that defines acts or behaviors that constitute child abuse and neglect.

“The *Child Abuse Prevention and Treatment Act* (CAPTA), (42 U.S.C.A. §5106g), as amended by the *Keeping Children and Families Safe Act of 2003*, defines child abuse and neglect as at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm,” (U.S. Department of Health and Human Services, 2011).

The Adoption and Safe Families Act of 1997 (ASFA) recognized the child welfare practice of concurrent planning as a strategy to decrease the amount of time children spend in foster care. Prior to ASFA, children experienced multiple out-of-home placements and associated grief and loss, developmental delay, and disrupted relationships (Hudson et al. 2008). ASFA created more concrete timelines by which a child should move towards permanency. In other words, it decreased the likelihood of a child lingering in foster care. It is important to note that although legal timeframes were implemented; those timeframes do not always work within the



complicated issues parents are trying to resolve. “Within the legal deadline for family reunification (6 to 12 months for very young children), the court may order parents to obtain treatment to solve a host of problems such as mental health issues, substance abuse, or domestic violence” (Hudson et al., 2008, p. 47).

### **The Dependency Process**

The Dependency Court process in Arizona has legal mandates that must be followed when infants and toddlers are removed from their parents’ care due to issues of safety, abuse and/or neglect. It is important to illustrate the dependency process in Arizona because it will highlight the role of key stakeholders and demonstrate why Best for Babies in Arizona is a needed program. A brief overview of the dependency process includes the initial removal of a child based on imminent risk of harm to the child’s safety. The Division of Children, Youth and Families, Child Protective Services has 72 hours after removal of a child to determine if the safety issues can be mitigated or if a legal dependency must be filed in order to maintain a child’s safety. The Court’s involvement in dependency proceedings begins when a petition is filed by the petitioner, typically CPS, when there is an issue regarding the safety and well-being of a child. The petition must be verified and, if the child has been removed from the physical custody of the parent, the petition must be filed within 72 hours of the removal. According to legal statute, the petition must include, “specific facts to support a finding that the child is dependent; and warn the parents that the proceeding may lead to a termination of their parental rights” (Arizona Supreme Court, 2011).

The first court hearing in the dependency process is the preliminary protective hearing (PPH). This hearing must be held five-to-seven working days after the child has been taken into custody. This hearing is to determine whether temporary custody is necessary to ensure the

safety of the child, what type of visitation arrangements will be made with the parents, and what services should be provided to the parents and the child. If no issues can be mediated and the process continues, then the next hearing is referred to as an initial dependency hearing. Once a child has been adjudicated dependent, state law requires the court to enter certain orders regarding the case. These orders set the direction of the case and outline what is expected of all the parties, which may include identification of a case plan goal, placement of the child, and services and/or tasks to be completed before a child can be returned to the parent and/or the case dismissed. The court sets a timeline that typically ranges from 12 to 16 months by which a parent has time to remedy the reasons their child came into care. This timeline is a result of the Adoption and Safe Families Act of 1997 (ASFA) which is federal legislation that attempts to limit the amount of time a child spends in foster care. This abbreviated description of the dependency process gives a frame of reference for describing the legal requirements for a child in out of home care. There are also stakeholders that should be identified that work on behalf of the child and family in order to mitigate safety risks so a child can exit the court process.

### **Development of the Court Teams Approach**

The Court Teams for Maltreated Infants and Toddlers project is focused on improving collaboration between the courts, child welfare agencies, and related child-serving organizations to work together, share information, and expedite services for young children (ZERO TO THREE, 2008, para. 1). The development of the Court Team approach is described as being, “built by ZERO TO THREE upon a model created by the Miami-Dade County Juvenile Court to address the needs of young children exposed to violence through the provision of court-ordered services, infant mental health interventions, and more frequent supervised visitation between very young children and parents” (James Bell Report, 2009, p.ii). The ZERO TO THREE

(2008) article goes on to attribute the model developed by Judge Cindy Lederman and psychologist Dr. Joy Osofsky as explaining how judges are “uniquely positioned to improve the well-being of infants and toddlers in the child welfare system and to ensure that they are receiving the resources and supports they need to address their special needs” (ZERO TO THREE, 2008, para. 5). Judges are the ultimate decision makers in child welfare cases and they oversee the entire dependency process. The recognition of Judges as leaders within this program framework has been instrumental in the development of Model Court Teams. The work by Lederman and Osofsky is seen as ground-breaking and the basis for program planning.

### **Core Components of Court Team Implementation**

In identifying the core components that make up the Court Teams for Maltreated Infants and Toddlers, it is important to first identify the two major goals of the project: 1) Increase awareness among all those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and 2) Change local systems to improve outcomes and prevent future court involvement in the lives of very young children (ZERO TO THREE, 2008, para. 2).

The program model includes a family court Judge partnering with a child development specialist to create a cross-sectional team of child welfare and health professionals, child advocates and community leaders who provide services and/or supports to abused and neglected infants and toddlers. According to Zero to Three (2010) the Court Team model has 11 core components:

1. **Judicial Leadership:** Local judges in Court Team communities are the catalysts for change because of their unique position of authority in the processing of child welfare cases.

2. **Local Community Coordinator:** In each Court Team community, a local Community Coordinator provides child development expertise to the judge and the Court Team.
3. **Active Court Team Focused on the Big Picture:** The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers.
4. **Targeting Infants and Toddlers in Out-of-Home Care:** The Court Team focuses on foster care cases involving children younger than 36 months. Working collaboratively with the investigators at the local child welfare agency, children are identified prior to removal.
5. **Placement and Concurrent Planning:** Because young children see the world through the eyes of their closest caregivers, every change in placement is a difficult adjustment for the child. Changes in placement are minimized by reaching out to extended family members prior to removal from the parents' care and by quickly identifying caregivers (kin and non-related foster parents) who would be willing to become the child's permanent family if reunification becomes impossible.
6. **Family Team Meetings Monthly to Review All Open Cases:** Each month, the Community Coordinator and the team of service providers, attorneys, and child welfare agency staff working with individual families meets together to review the family's progress.
7. **Child-Focused Services:** Comprehensive developmental, medical and mental health services are incorporated into the case plan document to ensure that the children's well being is given primary consideration in the resolution of the case.

8. **Parent-Child Contact (visitation):** Frequent and consistent contact is essential if young children are to develop and maintain strong secure relationships with their parents.
9. **Continuum of Mental Health Services:** Children who have been traumatized by their parents' care may need mental health services.
10. **Training and Technical Assistance:** Zero to Three staff and consultants provide training and technical assistance to the Court Team community on topics such as: infant and toddler development; parenting interventions; services available to foster children in the community; children and trauma; and parental substance abuse, domestic violence, mental illness, and poverty.
11. **Evaluation:** Each Court Team evaluates its work. Information is collected about knowledge enhancement among professionals working in or with the child welfare system, collaboration among providers working with the child welfare system (systems change) and services for children and families. (Zero to Three, 2010, para.3-13)

**The court system as an intervention.**

The literature recognized, according to Zeanah et al. (2008), that identifying infant mental health as an issue has been traditionally shared across multiple disciplines by using the frameworks and perspectives of numerous professionals all working towards strengthening the social and emotional development of children and families. The responsibility to assess development is given to an early intervention specialist, while the child welfare case manager must also recognize developmental issues, and then the child's attorney is yet another person involved that is supposed to report the cognitive, emotional, and physical development of a

young child to the court. These various stakeholders may all have different input or ideas about the developmental health of an infant and toddler.

“These infants have very high rates of medical illnesses, developmental delays, and substantial risks for psychopathology. They receive varying amounts of services...from four principal services sectors: the child welfare, medical, early intervention, and mental health service sectors” (Clyman, Hardin, & Little, 2002, p. 435).

Infants and toddlers in substantiated instances of child maltreatment are legally required to receive screenings for developmental delays (Hudson et al., 2008). “The Individuals with Disabilities Education Act amendments of 2004 require Part C services for all children under age three who have been maltreated or exposed to prenatal substance abuse or domestic violence” (Hudson, Klain, & Youcha, 2007, p. 20). Barriers to getting children access to early intervention services based on this legislation include that both attorneys and judges may not be aware of Part C, “state governments are slow to develop policies because costs are attached, and the federal regulations have been slow to arrive” (Hudson, Klain, & Youcha, 2007, p. 19).

Abernathy and Hall (2009) described a survey of 284 dependency court judges across the United States. “Although almost half of the judges did not know that assessment and services for infants and toddlers in care were available through Part C of the Individuals with Disabilities Act, 70% indicated they routinely ordered such referrals or could begin to order them within a year” (p. 30). The article discussed several other barriers identified by judges when taking action to improve outcomes for infant and toddlers. Fifty-seven percent of judges reported the most common theme impacting their ability to take action was having too little control over the types of services the child welfare system was able to provide to parents. In addition, two of the most common service deficits identified were the lack of mental health assessments and services

for infants and toddlers; and the lack of qualified infant mental health specialists (Abernathy & Hall, 2009). The Abernathy and Hall (2009) article also points out that judges will move forward to share knowledge and implement better practices around the developmental needs of infants and toddlers. It was suggested that “Other child welfare system stakeholders can take advantage of the judges’ eagerness” (Abernathy & Hall, 2009, p. 33).

In recognizing the nature of infant mental health and the compounded issues for infants in out of home care, the literature establishes a gauntlet of sorts, by implicating the court’s ability to assist in addressing infant mental health concerns. The review of literature does suggest that after recognizing infant mental health as an issue, coupled with the empirical research citing the disproportionate number of children in foster care under the age of six, there are critical areas of needed intervention. Research supports the importance of early primary caregiver attachment for infants and toddlers. It is necessary to prioritize infant mental health, specifically in the area of children in out of home care. Court systems are uniquely positioned and represent the tipping point by which to facilitate earlier intervention. Specific literature continues to emphasize the courts ability to intervene, the importance of involving a community of support around the child and family, and educating policy and law-makers about the critical needs of this population (Malik et al., 2002).

### **Stakeholders in the Court Teams Model**

The leadership role for the Court Team communities has been identified as local judges because of their unique position in processing child welfare cases. The ZERO TO THREE article (2008) suggests an initial meeting between the judge, his/her counterpart at the public child welfare agency, and representatives of community stakeholders. A second critical leadership role must provide child development expertise to the judge and Court Team. ZERO

TO THREE hires and supervises the Community Coordinator, who is responsible for coordinating services and resources for infants and toddlers (ZERO TO THREE, 2008, para. 4).

Ideally, the community stakeholder's role in the Court Team is to work towards restructuring and identifying ways the community can respond to the needs of maltreated infants and toddlers.

“The Court Team meets monthly to learn about the services available in the community, to identify gaps in services, and to discuss issues raised by the cases that members of the Court Team are monitoring (i.e. monthly case reviews)” (ZERO TO THREE, 2008, para. 5).

The ZERO TO THREE article has provided guidelines for membership in an effort to enhance the diversity of the group including primary health care providers, attorneys representing children, parents, and the child welfare system, Court Appointed Special Advocates (CASAs), mental health professionals, substance abuse treatment providers, early intervention specialists, dentists, domestic violence service providers, representatives from colleges and universities, foster parents, member of foster parent organizations, child advocates, Early Head Start, child care providers, Court Improvement Project staff, and volunteer community leaders (ZERO TO THREE, 2008, para. 6). The article by Abernathy and Hall (2009) reporting the survey findings of 284 dependency court judges showed, “the collaboration among system stakeholders was the most helpful factor that judges have experienced when taking action to improve outcomes for infants and toddlers,” (p. 28).

The structure of the Court Teams model mirrors the use of a strengths-based perspective when working with children and families to utilize family-centered practice. Hudson et al. (2008) stated, “planning for the future of infants and toddlers in foster care is difficult at best. They thrive to the extent they are nurtured by a very few consistent loving caregivers (p. 47).



Ideally a child could return to their parents care as the issues of safety leading up to their removal have been mitigated and are no longer present.

The Child Welfare Information Gateway (2007) identified Family-Centered Practice as a method of working in partnership with the family to identify strengths, as well as areas of need that can be used to strengthen their ability to safely care for their children. “Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes” (as cited in Hudson et al., 2008, p. 47). This premise of Court Teams for Maltreated Infants and Toddlers parallels nicely with the structure and philosophies of family-centered practice, as it works to create a web of support around the child and family to meet needs and lead to successful outcomes. The utilization of collaboration and support is the key. The Hudson article, much like the Miami-Dade County *Prevent* program, expressed the importance of strengthening family relationships and involving the parents with their child, even while the child is placed in out of home care. “Because young children experience the world through their closest caregivers, forming an attachment to a primary caregiver is critical to their healthy development,” (Hudson et al., 2008, p. 51). It is important that in building and maintaining biological relationships while a child is in foster care, that children are able to see their parents many times each week. Having more supports and community stakeholders involved with the family, is suggested to improve the likelihood of a family maintaining supports after the judge and child welfare agency are no longer involved. It should be noted that the Abernathy and Hall (2009) article lacked clarity on the role of parents and family members as part of the team. The article’s main focus is on the role of the judge; however, given the article’s findings that judges lack awareness about Part C services, it suggests that the model should be further developed to outline the unique perspective or role that is to be contributed to each

member. The less specific a model program, the more likely it will not be implemented as planned, or will be implemented inconsistently.

### **History of Best for Babies in Arizona.**

Prevent Child Abuse Arizona, under the direction of Executive Director, Rebecca Ruffner, has been diligently working since 2005 to implement Best for Babies in Arizona. According to the Prevent Child Abuse Arizona (PCAA) web-site, “Best for Babies is a collaboration between community service providers from early intervention, public health, mental health and child welfare, as well as trained volunteers from the Court Appointed Special Advocates (CASA) program” (Prevent Child Abuse Arizona, 2010, para. 1). The program launched in Yavapai County under the judicial leadership of Judge Robert Brutinel, who is the presiding Superior Court Judge, and also is the first juvenile court judge in Arizona to implement the Best for Babies program (Arizona Best for Babies Process Evaluation Report, 2010) The Juvenile Court in partnership with a committee of experts ranging from community professionals to foster parents meet consistently to focus on project goals targeted specifically for infants and toddlers that are in out of home care due to abuse or neglect.

### **Evaluation and Research**

This section identifies literature that evaluates components of the national Court Teams for Maltreated Infants and Toddlers model, as well as an Arizona specific evaluation and what areas are addressed by the subsequent evaluation reports. The first article, written by Kreger et al. (2007), provided an overview of systems change, evaluates system change, identifies key indicators, and links those indicators to outcomes. This article offers a structure useful in further identifying key sections recognized in the two evaluation reports.

There are frameworks for evaluating systems change and there are four strata that make up those levels of evaluation. These levels or strata include: 1) events and trends which identify whether activities are underway to align societal values with change efforts; 2) patterns of interaction or how processes communicate; 3) context and cultural or social models which identify the core issues or root causes to be affected; and 4) the systems themselves where identified changes are occurring at the appropriate level in order to effect change across multiple levels of the system (Kreger et al., 2007). “Several key challenges of evaluating systems change initiatives include capturing and using the relevant aspects of the system as the unit of analysis; analyzing the “alignment and coherence” of components of the system; and considering relevant reference groups for comparisons” (Kreger, et al., 2007, p. 310).

#### **Alignment of program values.**

The first level of evaluating systems change is to recognize when the program values align with change efforts. There are aspects of the child welfare system that are key indicators of whether change efforts support program values. For example, ZERO TO THREE (n.d. Impact Statement) identifies the following implementation issues. The court dependency process requires the establishment of court ordered visitation between a child and parent during the family reunification process. Visitation is typically ordered once per week as research supports that the frequency of visitation is correlated with reunification. Some program sites have recommended daily visitation and the quality of visitation including the length and the setting is also recognized as an important quality indicator. These change efforts seem to align with values consistent in the Court Teams for Maltreated Infants and Toddlers model. The ability of an infant and toddler to attach to a primary caregiver is seen to have significant implications related to subsequent development of healthy attachment and emotional health. In

current practice however, visitation is often seen as a barrier to the reunification process because the case workers and foster care providers do not have enough time to arrange and transport children to visits. The inability of a parent to have sufficient visitation time with their child while in out of home care is a systems barrier. An attempt to remedy that barrier has resulted in the practice of identifying kinship care providers for the initial placement of a child. This often times may minimize the disruption of a child's emotional development because they are placed within the extended family structure rather than with complete strangers. Also, the kinship provider may have more frequent contact with the parent, thus more consistently providing support for building parent/child attachment. The evaluation process does require the identification of barriers when looking at program implementation. A barrier to kinship placement is a lack of financial assistance or incentives for extended family members to provide care.

### **Levels of collaboration.**

One of the primary levels necessary in evaluating system change is to identify patterns of interaction among stakeholders. The Kreger and colleagues identified collaboration as one mechanism, not the only mechanism for creating systems change. "They are considered to be a way to engage local stakeholders and build the community relationships that enable many other components of system change to be aligned with community interests and concerns" (Kreger et al., 2007, 306). The make-up of the collaboration should be diverse enough to be cohesive, yet willing to challenge the system status-quo in order to get things accomplished.

One example of collaboration can be seen with the recommendation that a service coordinator would be valuable in service collaboration. ZERO TO THREE is now recommending that all eligible children be referred for Part C Services. A service coordinator

could assist with additional community referrals. Coordination of assessment services is considered essential to avoid multiple appointments and numerous professionals which would theoretically ensure better coordination of information and faster service delivery. The shortage of mental health services for young children and the lack of trained professionals specializing in infant and toddler mental health have posed barriers to implementation. In addition to the provision of infant mental health services is the question of who pays for services.

### **Measuring implementation.**

In order to cement the viability of the Court Teams for Maltreated Infants and Toddlers model it is necessary to develop measurement tools that can demonstrate value in its intervention and outcomes. The Kreger et al. (2007) article discussed the challenges of developing indicators, as well as how to link those indicators to outcomes. “By involving a variety of sectors, including residents, government agencies, and private sector organizations in their efforts, community partnerships can obtain a broader range of information needed to carry out both their work as well as their evaluation activities” (Lasker et al., 2001b, as cited in Kreger et al., 2007, p. 317).

### **Levels of identified system changes.**

The Court Teams model has been described as a systems change initiative. Systems change involves, “sustainable efforts that address root causes of an issue by changing policies and practices” (Kreger et al., 2007, p. 301). This definition points to the importance of collaboration between the court system, child welfare system, and child service systems in order to effectively work towards aligning goals specific to improving outcomes for infants and toddlers within those systems. “Systems consist of hierarchies that, in turn, have their own sets of structures, functions, and interdependent relationships” (Kreger et al., 2007, p. 301). Furthermore, these systems may have their own ‘language’ or verbiage that is critical to

understanding the intricacies that drive those systems. The court system has specific language that is spoken between judges and attorneys, and child welfare professionals requiring multiple languages (i.e., legal, medical, mental health) in order to communicate across multiple systems. It is imperative that in order to create systems change, differences in language are identified in order to communicate effectively.

The implications for program implementation on a national level, as well as the state level are chronicled in the following two evaluation reports. The highlights from the James Bell Report and Arizona Best for Babies Evaluation are consistent with the four levels necessary to evaluating systems change as previously discussed by Kreger et al. (2007).

#### **James Bell evaluation report.**

In 2006, the Office of Juvenile Justice Programs provided grant funding to James Bell Associates to conduct a process and outcome evaluation of the Court Teams model in Fort Bend County, TX; Polk County, IA; Forrest County, MS; and Orleans Parish, LA. The evaluation led by principal investigators, Hafford and DeSantis, detailed an outcome evaluation using a single group-design that examined infants and toddlers and their presenting conditions at the time of removal from the home and their outcomes related to safety, permanency, and well-being at case closure (James Bell Associates, 2009, p.iii). The sample included all children, from birth to age three, who were served by the Fort Bend, Forrest County, and Polk County Court Teams from the respective date of implementation at each site through December 31, 2008. Information was obtained on 150 families and the 186 infants and toddlers within those families. Key findings showed achievement in the areas of safety, permanency and well-being. Safety: of all 186 children served, 99% were protected from further maltreatment; Permanency: of the 88 closed cases examined, 95% achieved permanency [through reunification (46.5%), placement with a fit

and willing relative (30.6%), legal guardianship (4.5%), and adoption (13.6%)); and Well-being: 97% received needed services to meet identified needs, particularly for routine pediatric care and developmental screenings and services ( $N = 186$ ) (James Bell Associates, 2009, p. iv)

The evaluation findings support a promising programmatic approach for promoting greater collaboration between the courts, child welfare, and the community to meet the needs of infants and toddlers in foster care. The necessity of collaboration is consistent with the evaluation strata required for systems change. The literature reviewed also provided a consistent organizational structure for the Court Teams model, emphasizing the importance of judicial leadership, community coordinator, child development specialist, and community stakeholder inclusion. Key findings from the report identified information on placement type for children in foster care. “A key feature of the Court Team model is to place infants and toddlers in nurturing environments that foster stable and secure attachments with their caregivers while in foster care” (James Bell Associates, 2009, p. 62). Placement with relatives was the most utilized placement type at 39%, but this was closely followed by a 37% placement type with foster parents. The stakeholders were not specifically identified in the findings and no further suggestions were made in regard to the important role of foster parent and their development within the Court Teams model. The limitations expressed in the literature included how to increase visitation frequency between children and parents with an already overburdened child welfare system. Similar to the Abernathy and Hall (2009) study, this study found that judges were not aware that referral to Part C for screening and evaluation was available to all eligible children, thus resulting in an underutilization of services. Another limitation found was the lack of mental health specialists trained to work with children under the age of three.

**Arizona Best for Babies evaluation report.**

An Arizona specific evaluation is the initial assessment of the Arizona Best for Babies program conducted by a team of Arizona State University graduate students. The students collected qualitative data through several telephonic interviews of key stakeholders in order to evaluate the perceived strengths and weaknesses of the program as it had been implemented thus far in the three identified counties. The evaluation team identified the structure of each court team within the counties of Yavapai, Mohave, and Pima. Each court team was structured a bit differently. The report outlines areas of similarity, as well as uniqueness in structure and implementation according to county. The team identified some general areas that all court teams had in common including the use of specialized court advocates and specific training on infants and toddlers. The areas of difference appear to be much more diverse and the evaluation team attributed the uniqueness of each county's implementation to be a result of county size, number of judges, allocation of grants and specialized stakeholders within each county (Best for Babies Process Evaluation Report, 2010). The ASU evaluation identified the possibility that not having attorneys and foster parents participate was a study limitation. "Foster parents are key players in the lives of the infants in the Best for Babies program, and their input should be sought and considered in future evaluations" (Arizona Best for Babies Process Evaluation Report, p. 58). The same can be said for attorneys who represent the child in legal proceedings. The attorneys are tasked with speaking for the child's best interest based upon information they have gathered from stakeholders throughout the dependency case.

*Best for Babies strengths.*

The ASU evaluation (2011) outlines areas that highlight predominant strengths. First, awareness has increased about the unique needs of infants and toddlers in foster care. As a result, trainings have been developed to further educate court team members about those needs



and why it is important to focus on a child's early years of development. The next strength highlighted in the ASU evaluation is that due to the increased education of court team members about those issues, court teams are able to connect infants and toddlers to the appropriate services much more efficiently. Lastly, the evaluation report identifies system changes that have occurred because of Best for Babies which have led to increased efficiency in areas of service delivery. "Through the integration and collaboration that Best for Babies promotes, assessments, exams and service connections are becoming more and more streamlined and unduplicated," (as cited in the Arizona Best for Babies Process Evaluation Report, p. 51). The evaluation goes on to suggest that although attorneys and foster parents were not singled out for their unique roles, the importance of collaboration can be seen in more efficient service delivery. These resulting system changes are identified as strengths within the report.

*Best for Babies challenges.*

The Best for Babies Evaluation Report not only looked at program strengths, but also examined areas that pose challenges to the implementation of Best for Babies in Arizona. The report continually recognized collaboration as essential to the success of Best for Babies. The report identified Child Protective Services as being resistant to the program, both initially and as the program further developed. The report did recognize that CPS was not involved in initial program planning conversations, and also experienced high staff turn-over. These two factors may have contributed to what may have been interpreted as resistance to the program. Another area of challenge is the scarcity of resources. In regards to Best for Babies the most noted resource limitation is CASAs. "Over half of the respondents mentioned that there are not enough CASAs for all of the infants and toddlers in the system. CASAs, funding and time were

all mentioned as possible resource limitations that could create program challenges,” (as cited in the Best for Babies Process Evaluation Report, p. 52).

It is necessary when measuring the effectiveness and efficiency of any proposed program to determine whether the program implementation matches the intended outcomes established by the initial program developers. The following literature explains fidelity and rationalizes its value in measuring the success of program implantation.

### **Implementation and Fidelity**

The ability to evaluate fidelity when adopting a new program is important when it comes time to gauge whether implementation has been successful. “Without documentation and/or measurement of a program’s adherence to an intended model, there is no way to determine whether unsuccessful outcomes reflect a failure of the model or failure to implement the model as intended” (Mowbray et al., 2003, p. 332). The importance of measuring fidelity with the Best for Babies program clearly reflects the need to ensure that interpretation of the model in Arizona is consistent with the intended methods of implementation based on the national model from Zero to Three. Patton expresses that to “evaluate fidelity is to assess adherence to the core blueprint specifications of how a model program is supposed to be implemented” (Patton, 2008, p. 317).

Efforts made by this research study demonstrated methods consistent with the development of fidelity criteria. Mowbrey et al. (2003) describes the following three methods used to develop fidelity criteria:

“Drawing from a specific program model with proven efficacy, effectiveness, or at least, acceptance; Gather expert opinions, which may involve surveying experts and/or literature reviews; and use qualitative research, which may

include gathering opinions from staff or program participants, or conducting site visits for observation,” (p. 332).

This area of study creates a rich contextual opportunity to further explore areas of need, both from an evaluation perspective, as well as program planning and implementation perspectives for Best for Babies in Arizona. However, before addressing other robust areas in the arena of infant mental health and Court Teams for Infants and Toddlers, there are areas of missed opportunity. Both the James Bell report and the ASU Process Evaluation report were unsuccessful in specifically addressing the importance of foster parent and attorney roles as part of the collaborative efforts within Court Teams and Best for Babies. It is crucial to have their input related to experiences with both of these implementation models. In addition, exploration of this missing qualitative data could negatively impact implementation fidelity. Not all key players are actively involved in the program and court team process. This creates challenges when coordinating services, making recommendations to the court or sharing information. There is a noticeable absence of input from foster parents and attorneys who represent the child’s best interest before the Court. Both of these roles are key along the continuum of care for infants and toddlers. The foster parents perhaps know these children best because they are tasked with meeting the basic daily needs for these children.

### **The Role of Foster Parents**

The role played by foster parents is a critical one. The moment a child is removed from their home environment due to safety issues their abilities to manage stress and change are persistently challenged. The research detailed the importance of secure attachments and having a capable caregiver goes a long way in supporting the child in addressing the trauma of separation when removed from their parent/s. It is important to recognize the procedures involved by the

child welfare agency when faced with a placement decision. The practice standards employed by child welfare agencies have changed over the years and placement decisions no longer immediately involve a child going into institutional care. Instead, every effort is made to place children with relatives when the situation at home is unsafe. If no relatives are able or willing to assume care of the child, then anyone considered by the child or family to be a distant relative or family friend is considered as a placement option. Every effort is made to keep the child within a family environment, rather than a shelter or group home facility. The child welfare system in Arizona utilizes contract agencies to provide foster care services. The Arizona Department of Economic Security web-site has specific information about the requirements for becoming a licensed foster parent. The link describing the necessary steps states, "Like thousands of Arizona families, you too can make a difference in the life of a child in need of a home," (Arizona Department of Economic Security, 2011, para. 1).

### **The Role of the Child's Attorney**

A child involved in the dependency process through Juvenile Court must have their best interests represented. Most often in Arizona the child is represented by an attorney that assumes the role of Guardian Ad Litem. The responsibility of the Guardian Ad Litem is to represent what they deem to be in the child's best interest in terms of safety, placement, and permanency while involved in the dependency process. This pivotal function requires that the attorney gather information from each critical stakeholder involved with the child. This may include the birth parents, kinship or out of home foster care placement, medical personnel, schools, Child Protective Services (CPS), the Court Appointed Special Advocate (CASA), therapists and anyone else involved with the care of the child. The attorney representing the child's best

interest then sifts through this information, forms an opinion, and then argues that position to the Juvenile Court Judge. The utility of the child's attorney is invaluable as the child has a voice within the court process and yet another advocate to ensure their needs are being met.

## **Summary**

There is substantial research documenting the critical importance of early intervention for infants and children who have been abused and neglected. Lack of attachment, disrupted attachments, and inadequate stimulation can forever impact the social, emotional, cognitive, and physical development of a child. It is important to take this knowledge and create effective interventions that will improve developmental and permanency outcomes for infants and toddlers in foster care. After reviewing the available literature, the determination that further research is required is evident. However, the Court Teams for Maltreated Infants and Toddlers program has demonstrated the use of evidence-based research to inform practice and work towards collaborative interventions to change systems and better meet the safety, permanency, and well-being of children. The evaluation conducted by James Bell and Associates provided valuable insight into the national model of Court Teams for Maltreatment Infants and Toddlers. In addition, the work done by the ASU graduate students has provided a strong evaluative foundation from which to springboard into deeper evaluation of the Best for Babies Program within Arizona. Each of the stakeholders are vital factors when illustrating an even broader assessment of Best for Babies in Arizona. It is important to understand whether the implementation of Best for Babies has led to a change in practice for stakeholders, particularly attorneys and foster parents because they play a central role in the dependency process. The next chapter will identify methods used to collect information from foster parents and attorneys

regarding their connection, if any, to the Best for Babies program. Also, their experiences and perspectives will then be integrated into identified areas of strength and limitations relative to program implementation.

## **Chapter 3**

### **Methods**

The goal of this research is to expand the available information related to Best for Babies in Arizona. The focus of this research will center on responses from two important stakeholders, foster parents and attorneys, regarding their perceptions of program implementation.

Exploration of the research question: How Best for Babies has changed the role for foster parents and attorneys working with infants and toddlers in out of home care will fill a gap in literature examining the implementation of the model program. The qualitative nature of this research is appropriately applied because the research question is exploratory in nature. Further study within

this area of interest requires in-depth experiences, unique to those individuals implementing the Best for Babies program in Arizona. The proposed research is exploratory because the program is relatively new (2005) and the development of knowledge is in its virtual infancy.

Furthermore, descriptions of the methods utilized are discussed in further detail to outline areas of confidentiality, sampling strategies, and analyzing and interpreting the data to provide validation for results.

### **IRB Approval**

The research plan was submitted to the Institutional Review Board (IRB) within Arizona State University for approval. The study was approved by IRB on January 24, 2011 (see Appendix A). The risk involved in this research process for the participant was deemed minimal, thus only a verbal agreement of informed consent was needed. The participants completing the personal interviews were given an information letter (see Appendix D and F) which detailed the interview procedures, rights and responsibilities, potential risks, confidentiality, and benefits of the study. In addition, the participants were made aware that refusal to participate or answer any questions would have no resulting negative repercussions.

### **Study Design**

The one-shot, cross-sectional survey design with a purposive sample was utilized. The individual exploratory method is appropriate as the identified research question requires the in-depth exploration of “perceptions, impressions, and experiences” of a specified group, the foster parent and attorney (as cited in Krysik & Finn, p. 101). This method is also suitable given the need to collect current data that exists at a certain point in time, and asks questions about a level of knowledge, behavior, or circumstances (Krysik & Finn, 2010).

### **Sampling, Process and Strategy**

Initial contact with Becky Ruffner, Project Director for Arizona Best for Babies, resulted in an email containing contact information for the foster care licensing agencies in both Pima and Yavapai counties, as well as attorney information for both counties. “Sampling in qualitative research is not always as easy as just locating some interesting participants and inviting them to participate in your study” (Krysik & Finn, 2010, p. 111). In fact, this study utilized two gatekeepers to access participants. Ms. Ruffner provided admittance at the organizational level, and a second member of this research team provided a participant-level contact given her employment with a Pima County foster care agency.

“Sampling refers to the activity of selecting entities from which the data will be gathered” (Krysik & Finn, 2010, p. 109). The sampling plan utilized in this study combined both purposive and snowball methods. In regards to purposive sampling, the foster parent and attorney perspectives offer a unique source of data that had been unaddressed in previous evaluations. Creswell (1998) articulates that criterion-based sampling is used in a phenomenological study to select participants who meet the following criteria: (a) they experienced the phenomenon under study, and (b) they can articulate their lived experiences (as cited in Heppner and Heppner, 2004). Another term used for purposive sampling, according to Krysik and Finn (2010), is expert sampling because frequently participants are chosen because they possess certain knowledge based in experience and not from formal training and/or education. The decision to interview both attorneys and foster parents is reflective of expert sampling due to this reason. In particular, foster parents’ lived experiences result in specialized knowledge that cannot necessarily be gained from formalized training or higher education.

Snowball sampling involves asking initial participants to identify other potential participants and the process continues until data saturation is achieved (Krysik & Finn, 2010).



This was illustrated in the research study beginning with Executive Director, Rebecca Ruffner, providing an initial contact name and then those contacts further expanded the initial pool of interviewees.

The interview process was divided among the two researches involved in this study. In order to evenly distribute the workload and to simplify the process, it was decided that each researcher should remain consistent with the type of stakeholder to be interviewed. In addition, one researcher lived in Pima County and was employed at an agency that trains and supports foster families, so she had an established relationship with the stakeholder community for foster parents. This researcher then focused on gathering data from the attorney stakeholders in both Pima and Yavapai counties.

The foster care stakeholders were contacted by fellow researcher, Kimberly Peace-Steimer, via an email letter to initiate and explain the interview process (see Appendix B). This researcher assumed the task of interviewing attorney stakeholders in both counties and also sent an email letter to the Lead Attorneys in Yavapai and Pima counties (see Appendix B). It is worth noting that on multiple occasions a stakeholder provided additional names for interviews, a practice known as snowball sampling. Also, there were instances when interviewees shared other potential foster parent names who then contacted the Principal Investigator, and she relayed the information to the interviewer for follow-up.

### **Interview guide**

The tool utilized to collect data from both attorney and foster parent interviews consisted of an Interview Guide (see Appendix D, F) that utilized 18 open-ended questions. Probing questions were used as needed. For lawyers questions assessed their experience and knowledge with the Best for Babies initiative, strengths and limitations of the Best for Babies initiative, and

general knowledge on early childhood development. Foster parent questions also included questions about their experience and/or knowledge of the Best for Babies initiative. Other questions included knowledge specific to infant/toddler development, trainings and support offered by their licensing agencies, and their experiences within the child welfare system. The questions were developed with a focus on maintaining a balanced perspective in reference to the identified research question.

### **Data Collection**

The initial process of contacting individuals from the two stakeholder groups, foster parents and attorneys, involved slightly different approaches. The contact information for the attorneys was initially provided by Rebecca Ruffner, Executive Director of Prevent Child Abuse Arizona. Contact with the attorneys in both Pima and Yavapai counties was first attempted in January 2011. The process of email exchange continued for about a month before interview appointments were identified. The attorneys were identified with either a Y for Yavapai, or P for Pima county. Next they were assigned a number, consistent with the interview order. For example, the first attorney from Yavapai County was identified by YAtty-1, the second attorney was YAtty – 2. This recording process is consistent with efforts to separate interviews for storage and reporting integrity.

Foster parents required an additional level of contact. It was not appropriate to directly contact foster parents without first going through their licensing agency. A statement explaining confidentiality and the interview process was provided via email to the licensing agency along with a request that interested foster parents contact the research team to participate in the interview. Interviews were conducted between February 15, 2011 and March 12, 2011. Similar to the process with lawyers, each foster parent was assigned an identifier based on the

county in which the interview was conducted, for example PC – Pima County and Y – Yavapai County. In addition, the interviews were assigned a number based on their consecutive order of the interview such as PC – 1 was conducted on February 15, 2011 and PC – 2 was conducted on February 18, 2011. These number assignments during the coding process allowed for no identifying information to be transcribed, thus ensuring anonymity for the participants. During the stakeholder interviews hand written notes were taken by the researchers. Every effort was made to take verbatim notes. Following the interview, the hand written responses were transcribed into a WORD document for the purpose of coding.

### **Plan for Analysis**

Both members of the research team participated in the analysis process. The preliminary analysis process involved combing through two sets of data. Each researcher noted any emerging themes or concepts. Krysik and Finn (2010) describe this stage as the beginning process of data reduction because the researcher notes that some data have nothing to do with the research question and other data are not particularly relevant. It was important to frequently return to the initial questions to verify that the data related to the research question. Data reduction becomes important as the researcher begins to develop the story, which is another component of qualitative data analysis described by Krysik and Finn (2010). Once the initial read through of the respective data sets was completed, the researchers discussed and agreed upon themes that had emerged. The team utilized a data table to assist in organizing the data visually, as well as demonstrating any links or contrasts in the data (Table 1). Color coding the themes by underlining and circling data was utilized, as well as indexing the interviews within both data sets.

The method of analysis included both enumeration and the frequency of themes. Howe (1990) defined enumeration as the number of times a word or theme is used in multiple interviews (as cited in The Process Evaluation, 2010). As the process of coding the data unfolded it became apparent that particular words were used numerous times, and similar themes became apparent as well.

The research team utilized a tool to assist in organizing the data and as Krysik and Finn (2010) affirm that data displays are a helpful tool in moving from the process of data coding to the development of conclusions. The process allowed for the individual responses to be recorded as well as the number of times a response appeared in each theme. The data were reduced twice and the emerging themes were categorized alphabetically along the column headings, while the left side was labeled according to the stakeholder (i.e. Yavapai Attorney, Yavapai Foster Parent, Pima Attorney, Pima Foster Parent). This process allowed for the identification of data specific to a certain stakeholder type, as well as recognition of any county specific developments. In addition, “quotes are utilized by the author to contextualize and support conclusions, as well as to provide a clear voice for research participants,” (Krysik & Finn, 2010, p. 130). This researcher will identify multiple factors that could shed light on the data, as well as explain aspects of potential researcher bias that may have impacted conclusions.

The subsequent chapter will present findings from individual interviews, as well as comparisons between each groups’ ability to address needs specific to infants and toddlers. This information will then be utilized to develop a base from which implications from the Best for Babies Program in Arizona can be drawn.

## **Chapter 4**

### **Findings**

A combined total of 12 interviews were conducted between foster parent and attorney stakeholders in Pima and Yavapai counties. The interviews that took place for data gathering purposes were quantified into two distinct stakeholder groups. The groups were further distilled into categories according to county.

#### **Child Attorneys**

The initial groups are attorneys that represent children involved in the dependency process, one group in Yavapai County and the other group in Pima County. There were two

interviews conducted with attorneys in Yavapai County ( $n = 2$ ). These two attorneys had a total of 15 years experience in representing children. The Pima County Office of Children's Counsel was also contacted to participate in the research study, with a possible five attorneys to contribute to this portion of research. However, the lead counsel declined participation due to having no prior training on Best for Babies and not being aware of the program. The response provided by the lead attorney concluded "participation in the study would yield you no information" (personal communication, March 10, 2011).

### **Foster Parents**

The second data set included foster parent interviews from both Yavapai and Pima counties. There were nine foster parent interviews conducted in Pima County ( $n = 9$ ). Collectively this group of foster parents had almost 70 years of experience with children in out of home care. One participant was identified through snowball sampling in Pima County after being referred by another foster parent. The same sampling methods were utilized and multiple attempts were made to contact licensing agencies to provide the same opportunity to participate in the research study in Yavapai County as was offered in Pima County. However, the interview team received only one response from the pool of four foster parent provider agencies in Yavapai County ( $n = 1$ ).

### **Results**

The initial coding process involved color coding the interview transcripts and labeling margins with emerging themes. As a result the following themes were identified in Table 1.

**Table 1. First Level of Color Coding by Theme**

<b>Theme</b>	<b>Color</b>
AWARENESS OF BEST FOR BABIES PROGRAM	Red Circle

TRAINING/EDUCATION SPECIFIC TO INFANTS/TODDLERS	Blue Circle
CONSISTENCY OF COURT TIMELINES	Green Circle
STRENGTHS/BENEFITS OF THE PROGRAM	Black Underline
NEEDS OF THE PROGRAM	Purple Underline
STAKEHOLDER CONTRIBUTION	Pink Underline
IDENTIFICATIN OF NEEDS SPECIFIC TO INFANTS/TODDLERS	Orange Underline
ADVOCACY ON BEHALF OF INFANTS/TODDLERS	Turquoise Underline
PROGRAM IMPLEMENTATION CONSISTENCY	Red Underline
BEST FOR BABIES COLLABORATION AMONG AZ COUNTIES	Blue Underline
PERMANENCY/FAMILY REUNIFICATION EFFORTS AS A RESULT OF BEST FOR BABIES	Green Underline

Upon completion of the first level of coding, two researchers were utilized to guarantee cross reliability. This researcher used tally tables to identify subthemes, while the other researcher employed the use of note cards to sum up alternative themes. These results were compared and any changes due to replication were made, as well as information not related to the research question or requiring further explanation was addressed. An example of the tally tables can be seen in Figure 1.

**Table 2 Tally Table**

<b>Interview Number</b>	<b>Awareness of Best for Babies Program</b>	<b>Training/education Specific to Infant/Toddlers</b>	<b>Consistency of Court Timelines</b>
PCFP1	N	Y	Y
PCFP2	N	Y	N
PCFP3	N	Y	Y
PCFP4	N	Y	U
PCFP5	N	Y	Y
PCFP6	Y	Y	Y
PCFP7	Y	Y	Y
PCFP8	N	Y	Y
PCFP9	N	Y	N

YAtty1	Y	Y	Y
YAtty2	Y	Y	Y
YCFPI	Y	Y	U

<b>Totals</b>	<b>Awareness of Best for Babies Program</b>	<b>Training/education Specific to Infant/Toddlers</b>	<b>Consistency of Court Timelines</b>
FP Yes	3	10	6
FP No	7	0	2
FP No Answer	0	0	2
YAtty Yes	2	2	2
YAtty No	0	0	0

The next and final step in detailing the findings requires that consensus be reached between the researchers in areas of analysis, identified themes, data percentages of respondents and whether the results were fundamentally related to the research question (Tables 3 & 4).

**Table 3. Percentage Citing Strengths and Benefits**

<b>Strengths and Benefits</b>	<b>Percent Reported</b>
TRAINING	12/12 = 100%
CONSISTENCY OF COURT TIMELINES	8/10 = 80% (Foster Parents) 2/2 = 100% (Attorneys)
COLLABORATION	12/12 = 100%
IMPROVED SERVICE DELIVERY TO INFANTS	12/12 = 100%



AND TODDLERS	
PARTICIPATION IN COURT PROCESS	11/12 = 92%
ADVOCATES FOR NEEDS OF INFANTS AND TODDLERS	12/12 = 100%

**Table 4. Percentage Identifying Needs and Challenges**

<b>Identified Needs and Challenges</b>	<b>Percent Reported</b>
AWARENESS OF PROGRAM	
FP	3/10 = 30%
ATTY	2/2 = 100%
IMPACT ON PRACTICE	
FP	1/10 = 10%
ATTY	2/2 = 100%

### **Enumeration**

In order to establish a basic group of identified themes the process of enumeration was utilized. Words or themes that appeared frequently throughout the interviews were tallied and those words with the largest usage were transformed into themes. In addition, this process allowed for the identification of patterns, findings, and recommendations. The words and/or themes identified as a result of this process include the following: awareness of program (aware), training (train), collaboration (collab), information on infants/toddlers (info i/t), advocates (adv), participate in court process (court part), impact on process/care (impact). The words listed in parenthesis were used in searching for similar words and or phrases containing

those words to further develop initial themes. For example the use of the word “train” could be identified by related words such as training, trainer, education, and trained. The results from enumeration can be found in Appendix H. The outcomes identified by the enumeration process in terms of basic aggregate numbers illustrate the use of awareness or “aware” (94) occurring with the most frequency between stakeholders. The use of collaboration or “collab” (72) came in at a distant second. The other identified themes were relatively close in the number of times they appeared throughout the interviews with the following composition: impact of care (54), information about infants and toddler development (40), and training (32). The frequency that words were used during the interviews could have multiple implications around program implementation, not the least of which would be the basic awareness stakeholders have of the Best for Babies program.

### **Stakeholder Findings**

This study further examined the findings from foster parent and attorney stakeholder interviews within the context of direct quotes from participants as they relate to the identified themes.

### **Assessment.**

The foster parent stakeholders were able to address the question of their familiarity with the Best for Babies program in very simple terms. There were 10 foster parents interviewed and the majority, seven foster parents, had not heard of Best for Babies. This response summarized those foster parents that had not heard of Best for Babies as one person responded by saying, “with what? I’ve never heard of that” (personal communication, 2011). One of the three foster parents that had heard of Best for Babies offered the following information, “I’m familiar with parts of it, I think. I don’t think it’s ever been explained to us as

foster parents, and I've never had training for it or anything like that" (Pima County Foster Parent, 2011). It should be noted that out of the three foster parents who had heard of Best for Babies, none of them felt that it had a direct correlation to their care of infants and toddlers.

The information received from the attorneys in Yavapai County appeared quite different. Both respondents were well aware of the Best for Babies program and could articulate its impact on their work. "I am familiar with Best for Babies because I have attended trainings and planning meetings hosted by Best for Babies." Still another quote offers, "Yes, I've been a core member of the Best for Babies group in Yavapai County. I have utilized it in my personal practice."

### **Collaboration.**

Another of the emerging themes identified through enumeration is the use of "collaboration" as a primary finding. The entire research sample, 100% of respondents, mentioned the word collaboration during their interview.

The foster parents provided answers such as, "yes, I share information with the Child and Family Team: i.e., the caseworker, monthly reports go to the case worker and the child's attorney. Also, we speak fairly openly with the birth parents. I send them notes in a journal that goes back and forth with the birth parents when visits occur."

"We keep notes for each day on how the baby did. We write successes and struggles, what services are in place, and what they might need, and based on what. We keep all the copies of services and appointments from doctors, therapists, and so on in the placement packet."

“I report to the licensing specialist and also the CPS caseworker. I also report to Blake Foundation (they give us classes and services). I write every day what’s going on with the baby and I send those notes to the child’s attorney.”

The attorney interviews also found that collaboration between stakeholders was a key benefit from the Best for Babies program.

“There are definitely coordinated team efforts made in meeting the baby’s needs. Child and Family Teams (CFT) meetings are very valuable in this regard.”

“I continue to monitor the baby’s progress through CFT’s, doctor appointments, observations, and interviews with foster parents who are usually very knowledgeable about the baby’s progress and development. Usually an infant and toddler mental health specialist attends CFT’s and also keeps me apprised of how the baby is developing and adjusting.”

“There is an increased feeling of collaboration and networking that goes on and you are more aware of available resources. There is improved responsiveness by CPS even though the caseloads are high. The people and personalities have worked well together.”

### **Information specific to infants and toddlers, impact on practice, and training.**

All respondents, regardless if they were an attorney or foster parent, mentioned the increase in available information specific to infants and toddlers as a positive. In addition, all

respondents spoke about the trainings received regarding developmental needs specific to infants and toddlers.

One foster parent stated, “Through my licensing agency we took a 30-hour course called ‘MAPP.’ I think every parent should go through that. Blake Foundation taught me a lot about the developmental milestones for babies. That too, has been helpful.”

“I have had tons of training. Personally, I have earned my Bachelor’s degree in Psychology and Sociology, and a Master’s degree in Clinical Psychology. Over the years I have had numerous trainings on human development, discipline, and how to relate to infants and toddlers.”

One attorney stated, “Yes, there has been training specific to Best for Babies by the core group. West Yavapai Guidance Clinic, who has Master’s Level therapists that have done specific trainings on Trauma and Brain Development. Training on Visitation and Bonding/Attachment. Administrative Office of the Courts has presented some training. Also, there is a great organization called Raising Special Kids that offers trainings on the needs of special kids. I feel like the trainings have made me more effective as a practitioner and advocate.”

### **Stakeholder Findings per Thematic Response**

The findings identify key thematic responses from foster parent and attorney stakeholders related to the Best for Babies program. These responses were categorized into areas of Strength/Benefit, as well as areas of Challenge/Need based on percentage of responses. Themes

related to the research question and occurring with the most frequency were categorized in order to allow for discussion in the final chapter regarding study implications.

There were several identified areas within Program Strengths and Benefits where 100% of respondents agreed on the value of Training, Collaboration, Improved Service Delivery, and their abilities to advocate for the needs of infants and toddlers. In addition, 92% or 11 of 12 respondents stated they attend court hearings or participate in the court process. Another strength and benefit according to the data showed 80% of foster parents agreeing that court timelines were observed in working towards permanency for a child; while 100% of the attorney responses reflected this theme.

Two primary themes emerged from the data that reflect an area of challenge or need within the Best for Babies program. As previously discussed, the fundamental lack of awareness by the foster parent stakeholders regarding the existence of the Best for Babies program significantly limits successful program implementation. In addition, those same respondents highlight another area of challenge as only 10% of foster parents attribute the Best for Babies program with having an impact on their care of an infant and/or toddler.

The findings identified in this chapter are a collective of the most significant responses from foster parents and attorneys, and do not detail the richness of the information gathered throughout the interview process. However, this data does identify key areas that could be useful in informing social work practice, policy implications and future research around the Best for Babies program. The following chapter will discuss these areas, as well as findings as they relate to the research question.

## **Chapter 5**

### **Discussion and Implications**

The elements of this chapter examine whether the Best for Babies program has impacted how attorneys and foster parents in Arizona address the unique needs of infants and toddlers in foster care. This study offered some evidence that these stakeholders were aware of infant and toddler specific needs; however, a change in the way these two stakeholders address those needs cannot be solely attributed to the implementation of the Best for Babies program.

Infant mental health within the context of child maltreatment serves as the foundation for the development of this thesis. The groundwork collected through research and a review of the literature solidified the recognition of a definitive need for the Best for Babies program. Arizona

echoes national trends in foster care and as of September 30, 2010 the 1-5 year old age range accounted for 35.6% of total children in out of home care (Department of Economic Security Semi-Annual Report, 2010).

Two key stakeholder groups provided data related to the Best for Babies program implementation, and on their roles as foster parents and attorneys. The results illustrate some breakdown in program implementation regarding these particular stakeholders. As Table 4 shows, one third of the stakeholders were aware of the Best for Babies program in Yavapai and Pima counties. However, the data does illustrate a split based on stakeholder. Both of the attorneys interviewed in Yavapai County were fully aware of the Best for Babies program and had been involved with the effort for several years. The foster parents in Pima County on the other hand, showed the opposite finding. Only 22% of the foster parents had heard of the Best for Babies program with only one having actually “taken a few classes” per their report. As noted in the literature review, the previous Best for Babies Evaluation (2010) pointed out a lack of cohesive program implementation across counties. This lack of consistent implementation is also reflected in the data collected from foster parent and attorney stakeholders in this study.

The Yavapai attorneys expressed the value in having a public health nurse involved who conducts developmental assessments on the infants and toddlers.

This information is critically important when identifying program value and whether it is packaged in a way that can assess needs in a practical way, fosters collaboration among stakeholders, and educates practitioners on developmental needs specific to infants and toddlers in foster care.

## **Implications**



There are threads of synthesis throughout the analysis that connect to the Kreger et al. (2007) framework for evaluating the programmatic process. The four evaluative strata include: a) alignment of program values with change efforts; b) levels of collaboration; c) measuring implementation; and d) levels of identified systems change. These measurements show some consistencies, as well as inconsistencies with the programmatic implementation of Best for Babies. These also hold implications for both practice and policy related to the Best for Babies program.

With regard to the first stratum, the values implicit in Best for Babies appear to align well with other community initiatives such as the MAPP foster parent training which has been rolled out statewide. Although this alignment is considered a positive with regard to potential implementation, the lack of knowledge among foster parents about the Best for Babies program creates a barrier. This is especially true given the fact that foster parents are the primary caregivers and spend the largest amounts of time with these infants and toddlers while they are in foster care. This vital stakeholder group lacks awareness that Best for Babies even exists as a program. The opposite was found in terms of attorneys in Yavapai County as both attorneys interviewed had comprehensive knowledge of the Best for Babies program. However, attorneys reflected on the importance of training related to infants and toddlers delivered by the Administrative Office of the Courts (AOC), but did not associate this training with Best for Babies. Both attorneys conveyed the importance of training to stay abreast of developmental research specific to infants and toddlers, much of which focuses on the importance of attachment. “I feel like the trainings have made me more effective as a practitioner and an advocate,” (Attorney Interview, 2011). A Yavapai foster parent attributed their training and expertise to their qualifications as a neonatal nurse. The foster parent did specifically mention

attachment trainings; however, this could not necessarily be attributed to Best for Babies. “I think some other agencies in the community provide classes to the community. I hire staff to help me, and I send them to those trainings. Some are on attachment and parenting.” The foster parent respondents from Pima County had even less of a connection to the Best for Babies program. Training and education were attributed to their licensing agencies, not the Best for Babies program. Also, none of the foster parent respondents mentioned trainings specifically regarding the importance of attachment relationships. Additional partnerships with MAPP training and the explicit mention of Best for Babies in AOC training may strengthen the knowledge of Best for Babies in these stakeholder groups. Partnerships are the subject of the next stratum. The second stratum focuses on collaboration. The findings show collaboration to be of importance to both attorneys and foster parent stakeholders. One foster parent referred to collaboration as follows, “I share info with all on the team, the developmental specialists, speech therapist, birth mothers, foster care review board, caseworkers, etc.” (personal communication, 2011). An attorney interview (2011) revealed “I believe that team work is very important in serving children in the legal system. I believe there is more collaboration and less fighting due to the implementation of Court Teams.” The fact that both of these stakeholder groups were engaged in collaborative efforts around case planning and advocacy for foster children is positive. These existing collaborations could be used to further strengthen the implementation of Best for Babies.

The next level of evaluation requires the ability to measure implementation. There is a lack of consistency clearly reflected in the process data specific to introducing Best for Babies to attorney and foster parent stakeholder groups. Until the inclusion in the Best for Babies Program of all those involved in the care of an infant and toddler on a consistent basis then program

implementation will not be as effective as it might otherwise be. The core components of the model program should be further specified to explicitly address foster parents. Identifying specific stakeholders would help track training to all stakeholders. Tracking could be accomplished on the county level with a tool as simple as a checklist and an open-ended description of the training provided to each group. It is unknown if the lack of implementation with foster parents is a resource issue or an oversight issue. If it is a resource issues, program administrators may want to examine the efficiency of current training efforts.

The final stage in Kreger et als. (2007) evaluation of programmatic process examines the levels of identified system changes. Although the Court Teams and Best for Babies programs have been described as system change efforts, it is important to note that change involves addressing the root causes of an issue through policy and practice change. The findings from this study illustrate the importance of multiple collaborations across systems; however, a primary player – the foster parent, was unaware of the existence of the Best for Babies program. This lack of including one of the fundamental stakeholders reflects a deficit in program implementation. In order for the Best for Babies program to demonstrate its value as a systems change initiative it will be necessary to develop consistent methods of educating all stakeholders on the program benefits and its practical implications in addressing the needs of infants and toddlers. It appears that systems change has occurred at the judicial level as described by the attorneys, and that this change has been perceived as positive. Parallel efforts such as foster parent training may be creating systems level change at the foster care level, and sharing the Best for Babies program with foster parents has the potential to intensify and solidify this trend toward change focused on infants and toddlers in foster care.

## **Limitations**

There are multiple considerations when identifying potential limitations to this study. The initial issue relates to the relatively small sample size of both foster parents and attorney stakeholders. Although efforts were made to engage both stakeholders, each county encountered a significantly low number of participants in one of the respective categories (i.e. foster parents in Yavapai County and attorneys in Pima County). The low level of participation among attorneys in Pima County was because they lacked familiarity with the program. In effect, the circumstances surrounding the attorney's nonparticipation was important data for the study.

The final potential limitation to be discussed is the lack of existing quantitative data related to Best for Babies. This researcher experienced difficulty in finding statistics that could paint a more vivid picture of measures related to infants and toddlers in foster care specific to county. There are no statistics related to Best for Babies such as the number of infants/toddlers involved in the program, or whether involvement in the program has led to quicker permanency for infants and toddlers. This type of outcome information collection should follow once implementation is as intended in the program model.

## **Conclusion**

Although potential limitations exist for the Best for Babies program implementation, the benefits are clear even for those unaware of the program. An increased sense of collaboration and teamwork was found among stakeholders regardless of their involvement in Best for Babies. Also, there was training and education specific to the needs of infants and toddlers. The programmatic impacts could increase their effectiveness if a consistent framework for implementation was utilized which included alignment of change efforts and assessment of need,

collaboration, an ability to measure implementation, and identifiable system changes. Although some elements of Kreger et als. framework were found to exist among the Best for Babies program, the overwhelming issue remains that a primary stakeholder group, perhaps the key stakeholder in the life of a child in foster care, had no knowledge of Best for Babies. The findings from this research study highlighted a clear need for further research in the area of program implementation for Best for Babies. Although most participants were not familiar with the Best for Babies program there was evidence of practices, such as the use of collaborations and training on early childhood development, that are consistent with the values of the Best for Babies program; thus this may serve to support the need for such a program. It is vital to the measurability of program effectiveness that further research be conducted as other Arizona counties seek to implement the Best for Babies program.

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## APPENDIX A

DATA COLLECTED JANUARY – APRIL 2011

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Office of Research Integrity and Assurance

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**To:** Judy Krysik  
UCENT

**From:** *for* Mark Roosa, Chair  
*OK* Soc Beh IRB

**Date:** 01/24/2011

**Committee Action:** Exemption Granted

**IRB Action Date:** 01/24/2011

**IRB Protocol #:** 1101005882

**Study Title:** Implementation Study of the Court Teams for Infants and Toddlers Program

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2).

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

## Appendix B:

### Memo

#### To:

**From:** Arizona State University, School of Social Work, Research Team for the Best for Babies Program Principal investigator: Dr. Judy Krysik;  
Co-Investigators: Jennifer White and  
Kimberly Peace-Steimer

**Date:** January 21, 2011

**Re:** Implementation Study of the Court Teams for Infants and Toddlers Program

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#### Attn:

I am a graduate student under the direction of Professor, Dr. Judy Krysik in the School of Social Work at Arizona State University. I am conducting a research study to focus on primary stakeholders involved in meeting the needs of infants and toddlers in the foster care system here in Arizona. More specifically, I am interested in hearing unique perspectives offered by Foster Parents that care daily for infants and toddlers. The focus of this research study examines the Court Teams for Infants and Toddlers program, also known as Best for Babies in Arizona. The information gathered during these interviews will allow further examination of the implementation process and illustrate potential value of the program. The goal of this research is to determine how the program has been adopted in Yavapai and Pima counties and also how the program may benefit other foster parents. In addition, information will be utilized to improve outcomes for infants and toddlers in foster care.

The research study asks that you identify licensed foster care providers that have cared for infants and toddlers, and offer those foster parents an opportunity to participate in the research interview. Please see the attached information letter to be provided to each of the identified foster families.

If you have any questions concerning the research study, please contact the Principal Investigator, Dr. Judy Krysik, at (602) 496-0086. Please let me know if you are able to facilitate participation with your licensed foster care providers. Thank you.

Sincerely

## **Appendix C**

### **Information Letter for Foster Parent Interviews**

#### **Implementation Study of the Court Teams for Infants and Toddlers Program**

January 12, 2011

Dear Foster Parent:

I am a graduate student under the direction of Professor, Dr. Judy Krysik in the School of Social Work at Arizona State University. I am conducting a research study to focus on primary stakeholders involved in meeting the needs of infants and toddlers in the foster care system here in Arizona. More specifically, I am interested in hearing unique perspectives offered by Foster Parents that care daily for infants and toddlers. The focus of this research study examines the Court Teams for Infants and Toddlers program, also known as Best for Babies in Arizona. The information gathered during these interviews will allow further examination of the implementation process and illustrate potential value of the program. The goal of this research is to determine how the program has been adopted in Yavapai and Pima counties and also how the program may benefit other foster parents. In addition, information will be utilized to improve outcomes for infants and toddlers in foster care.

I am inviting your participation, which will involve either an in-person or telephone interview with Jennifer White or Kimberly Peace-Steimer. The interview will last between twenty to thirty minutes in duration and will take place on a day and time of your convenience. The interview will include approximately twenty questions covering perceptions, training, and implementation regarding the Court Teams for Infants and Toddlers in Arizona. If at any point you feel uncomfortable answering a question, you may refuse to answer and the interviewer will proceed to the next question. I would like to audiotape this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be taped; you also can change your mind after the interview starts, just let me know.

There are no foreseeable risks or discomforts to your participation. You have the right not to answer any question, and to stop the interview at any time. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty.

There is no direct benefit to you from your participation. However, participation in this research study will provide an opportunity to provide your experiences and opinions regarding the Court Teams for Infants and Toddlers program.

Your responses will be anonymous and no identifying information will be included in the report. All audio recordings or written transcripts will be stored in a locked filing cabinet at Arizona State University. Only the Principal Investigator, Dr. Judy Krysik, and this researcher will have access to the information. The information you provide, whether digital recordings or transcripts, will be destroyed or deleted after three years. The results of this study may be used in reports, presentations, or publications but your name will not be used. Any results will only be shared in the aggregate form.

If you have any questions concerning the research study, please contact the Principal Investigator, Dr. Judy Krysik, at (602) 496-0086. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788. Please let me know if you wish to be part of the study.

## Appendix D:

### Interview Schedule: Court Teams for Infants and Toddlers - Foster Parents

Date:

Method/Location: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Preamble: Thank you for your participation. Your individual perspective and insight is important, please feel free to answer the questions as openly and honestly as you can. If a question seems unclear, please do not hesitate to ask for clarification. Do you have any questions before we begin?

1. How long have worked in your role as foster parent caring for infants and toddlers?
2. Are you familiar with the Best for Babies program?
  - a. If so, please explain?
3. Have you participated on any level in the Best for Babies program?
4. What, if any, training have you received in early childhood development and needs specific to infants and toddlers in foster care?
5. Does your licensing agency provide any trainings on attachment and development specific to infants and toddlers?
6. Could you describe for me what happens in a typical case from the time an infant/toddler is placed in your home?
  - a. What type of variation, if any, have you observed among cases for infants/toddlers placed in your care? (probe: for example do you utilize any written tools to assess infant and toddler specific? Do you report the infants/toddlers development to others involved in the child's case? Are consistent timelines observed in the court process? Are coordinated team efforts made in meeting infants and toddlers' needs and if so, how?)
  - b. What has been your experience, if any, working cases that are assigned a Baby CASA?
7. What challenges, if any, did you experience or witness when Best for Babies started in your

county?

8. What, from your perspective, seems to be working well, or what are the program strengths ?
9. What, from your perspective, are some of the program's limitations?
10. In your perception, has the length of stay for infants and toddlers in foster care changed since the introduction of Best for Babies in Arizona?
11. Does your licensing agency provide you with support services for you in working with biological parents and the family reunification process?
11. In your experience, have you been actively attending court hearings for the children in your care? If so, does the infant and toddler typically accompany you to court?
12. Do you think that the Judges and/or attorneys that you have worked with utilized elements of Best for Babies?
  - a. Please explain.
13. Do you seek advice from foster parents in other counties implementing Best for Babies?
  - a. If so what was useful?
14. What advice would you give other counties who are in the early phases of program implementation?
15. From your experience what would you say are the benefits or potential benefits of this program?
  - a. For the babies it serves?
  - b. For the parents?
  - c. For the permanent guardians?
16. Please describe how your approach to working with infants and toddlers in foster care has changed, if at all, since the implementation of Best for Babies.
17. Is there anything else that you would like to add? E.g., suggestions for improving the program.

## **Appendix E:**

### **Information Letter for Attorney Interviews**

#### **Implementation Study of the Court Teams for Infants and Toddlers Program**

January 12, 2011

Dear Attorney:

I am a graduate student under the direction of Professor, Dr. Judy Krysik in the School of Social Work at Arizona State University. I am conducting a research study to focus on primary stakeholders involved in meeting the needs of infants and toddlers in the foster care system here in Arizona. More specifically, I am interested in hearing unique perspectives offered by attorneys that represent the needs of infants and toddlers. The focus of this research study examines the Court Teams for Infants and Toddlers program, also known as Best for Babies in Arizona. The information gathered during these interviews will allow further examination of the implementation process and illustrate potential value of the program. The goal of this research is to determine how the program has been adopted in Yavapai and Pima counties and also how the program may benefit attorneys in their representation of infants and toddlers in the court process. In addition, information will be utilized to improve outcomes for infants and toddlers in foster care.

I am inviting your participation, which will involve either an in-person or telephone interview with Jennifer White or Kimberly Peace-Steimer. The interview will last between twenty to thirty minutes in duration and will take place on a day and time of your convenience. The interview will include approximately twenty questions covering perceptions, training, and implementation regarding the Court Teams for Infants and Toddlers in Arizona. If at any point you feel uncomfortable answering a question, you may refuse to answer and the interviewer will proceed to the next question. I would like to audiotape this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be taped; you also can change your mind after the interview starts, just let me know.

There are no foreseeable risks or discomforts to your participation. You have the right not to answer any question, and to stop the interview at any time. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty.

There is no direct benefit to you from your participation. However, participation in this research study will provide an opportunity to provide your experiences and opinions regarding the Court Teams for Infants and Toddlers program.

Your responses will be anonymous and no identifying information will be included in the report. All audio recordings or written transcripts will be stored in a locked filing cabinet at Arizona State University. Only the Principal Investigator, Dr. Judy Krysik, and this researcher will have access to the information. The information you provide, whether digital recordings or transcripts, will be destroyed or deleted after three years. The results of this study may be used in reports, presentations, or publications but your name will not be used. Any results will only be shared in



the aggregate form.

If you have any questions concerning the research study, please contact the Principal Investigator, Dr. Judy Krysik, at (602) 496-0086. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788. Please let me know if you wish to be part of the study.

## Appendix F

**Interview Schedule: Court Teams for Infants and Toddlers - Attorneys**

**Method/Location of Interview:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Preamble:** Thank you for your participation. Your individual perspective and insight is important, please feel free to answer the questions as openly and honestly as you can. If a question seems unclear, please do not hesitate to ask for clarification. Do you have any questions before we begin?

1. How long have worked in your role as an attorney representing infants and toddlers in foster care?
2. Are you familiar with the Best for Babies program?
  - a. If so, please explain
3. Have you participated on any level in the Best for Babies program?
4. What, if any, training have you received in early childhood development and needs specific to infants and toddlers in foster care?
  - a. Where/Who provided the training?
  - b. What other training have you received in regards to this program?
5. Could you describe for me what happens in a typical case from the time an infant toddler case is assigned to you?
  - a. What type of variation, if any, have you observed among cases assigned to you? (probe: for example do you utilize any written tools to assess infant and toddler specific needs and development? Are consistent timelines observed in the court process? Are coordinated team efforts made in meeting infants and toddlers' needs and if so, how?)
  - b. What has been your experience, if any, working cases that are assigned a Baby CASA?
6. How do you become familiar with the infant/toddler and foster parents assigned to you?
7. What challenges, if any, did you experience or witness when Best for Babies started in your

county?

7. What, from your perspective, seems to be working well, or what are the program strengths?
8. What, from your perspective, are some of the program's limitations?
9. Do you feel more training is needed?
  - a. If so, in what areas?
10. From your perspective, does participation in Best for Babies have an effect on permanency for infants and toddlers within your caseload?
11. Do the Judges that you appear in front of utilize elements of Best for Babies in their court room?
  - a. If yes, in what way?
12. Do you seek advice from other counties implementing Best for Babies?
  - a. If so what was useful?
13. What advice would you give other counties who are in the early phases of program implementation?
14. From your experience what would you say are the benefits or potential benefits of this program?
  - a. For the babies it serves?
  - b. For the parents?
  - c. For the foster parents?
  - d. For attorneys representing infants and toddlers?
  - e. For the permanent guardians?
    - i. How are these benefits recorded or documented?
15. What is your long term vision for this program?
16. Please describe how your approach to working with infants and toddlers in foster care has

## Appendix G:

Interview Number	Awareness (Aware)	Training (Train)	Consistency (Con)	Collaboration (Collab)	Increased Info on I/T (Info on Inf/Todd)	Advocates (Ad)	Participate in Court Process	Impact on their Practice/ Care
PCFP1	N	Y	Y	Y	Y	Y	Y	N
PCFP2	N	Y	N	Y	Y	N	Y	U
PCFP3	N	Y	Y	Y	Y	Y	Y	U
PCFP4	N	Y	U	Y	Y	Y	Y	U
PCFP5	N	Y	Y	Y	Y	Y	Y	U
PCFP6	Y	Y	Y	Y	Y	Y	Y	U
PCFP7	Y	Y	Y	Y	Y	Y	Y	U
PCFP8	N	Y	Y	Y	Y	Y	Y	U
PCFP9	N	Y	N	Y	Y	Y	Y	U
YAtty1	Y	Y	Y	Y	Y	Y	Y	Y
YAtty2	Y	Y	Y	Y	Y	Y	Y	Y
YCFP1	Y	Y	U	Y	Y	Y	N	N
Totals	Aware	Train	Con	Collab	(Info on Inf/Todd)	Advocates	Court Part	Impact
Yes	5	12	8	12	12	12	11	2
No	7	0	2	0	0	0	1	2
Unanswered	0	0	2	0	0	0	0	8

## Appendix H:

### Keyword/Theme Response Tally

Stakeholder Type	Awareness (Aware)	Training (Train)	Consistency (Con)	Collaboration (Collab)	Increased Info on I/T (Info on Inf/Todd)	Advocates	Go to Court	Impact on their Practice/ Care
Attorneys	3	6	1	9	11	3	2	6
Foster Parents	91	26	9	63	29	10	12	48
Totals	94	32	10	72	40	13	14	54

How Systems Connect

